(NPS Form 10-932)

NATIONAL PARK SERVICE

(OMB No. 1024-0026)

Little River Canyon National Preserve Russell Cave National Monument 4322 Little River Trail NE, Ste. 100 Fort Payne, AL 35967 (256) 845-9605

2017 Application for Photography/Filming Permit – Long Form

Please supply the information requested below. This information is required to evaluate your permit request. **Attach additional sheets, if necessary.** Allow at least fourteen (14) business days for processing. A non-refundable processing fee (\$50) will be required to accompany this application. There may be additional fees charged, including a location fee, and you will be required to provide proof of liability insurance.

Applicant:	Company:			
Social Security #:	Tax ID #:			
Street/Address:	Street/Address:			
City/State/Zip Code:	City/State/Zip Code:			
Telephone #:	Telephone #:			
Cell phone #:	Cell phone #:			
Fax #:	Fax #:			
Email:	Email:			
Project name:	Producer:			
Type of project:	Photographer:			
Location manager:	Director:			
Telephone #:	Insurance company:			
Cell phone #:				
TYPE OF PROJECT:				
☐ Stills, editorial ☐ Stills, advertising ☐ stills, other ☐ stock photo/video/film				
☐ Feature Film /TV Movie ☐ TV Series/Pilot ☐ Documentary/Travelogue ☐ Commercial				
☐ Music Video ☐ Public Service Announcement ☐ Infomercial ☐ Industrial				
☐ Other, explain				
Will there be sound recording ☐ Yes ☐ No	Night work: ☐ No ☐ Yes, explain			
SUMMARY OF SCENE(S):				

SHOOTING SCHEDULE BY LOCATION:

DATE	LOCATION	Start Time	End Time	Interior or Exterior	FILM	PREP	STRIKE	# of cast & crew

Set dressing or other structures proposed: □	No ☐ Yes, explai	in				
ATTACH ADDITIONAL PAGES FOR	INFORMATION	N NEEDED TO I	EVALU	JATE	YOUR PE	RMIT
REQUEST INCLUDING: set construct	ion, parking, san	nitary facilities, ci	rowd co	ontrol	, emergency	y medical
plan, off-road activity, trail use, or use	of any building a	and site clean up.	Includ	e a pr	oposed Site	Plan(s).
Electrical needs, explain	Generato	or: □ No □ Yes, si	ize			
Lighting: ☐ None ☐ Reflectors only ☐	l Yes (explain)					
Road:	Date/	/time:		_ 🗆 Cl	osure reques	ted
☐ Running shots ☐ Driving shots ☐ Drive	e-bys Tow shots	s □ Drive-ups & A	way 🗆	Wet o	lown road	
\square Camera/Equipment on Road Shoulder \square	Camera/Equipment	on median	her (exp	lain)		
OPERATIONAL INFORMATION: Number of Personnel and Vehicles:						
Total Cast & Crew Pers	onal Cars	Large Trucl	ks		Other	Trucks
Vans Camera Car					Dres	
						U
Other Vehicles (explain)						
Base Camp location:						
Catering Co. Name		Phone #				
SPECIAL ACTIVITIES: Children: □ None □ Yes # of Child	dren	Age Range				
Animals: □ None □ Yes (explain)						
Trainer Name:		Phone #:				
Aircraft: □ No □ Yes (explain)						
Special Effects: (identify)						
Effects Technician Name:		Phone #				
License # (if applicable)		Permit # (if ap	plicabl	e)		
Stunts: (explain)						
Coordinator		Phone #				
Any other unusual or hazardous activities,	explain					
Person on location responsible for comp	oany's adherence	to all terms & co	ndition	s of a	Film Perm	it:
Name:	_					
Person on location responsible for coord						
Name:	_			_ Phon	ne:	
Person at the company office to contact for						
Name:	-	0		_Phon	e:	
I hereby state that the above information						

Signature	Title	Date	
Company Name			
accompanied by an application fe	<u> </u>	I be issued. Completed application eck or money order in the amount o ive charges are non-refundable.	

information or false statements have been given. All estimates are reliable to the best of my knowledge and I

have the full authority to represent the applicant/production company and the project described above.

This completed application should be mailed to: Little River Canyon National Preserve Attention: Kim Kirk, Administrative Officer 4322 Little River Trail NE, Ste. 100 Fort Payne, AL 35967

Note that this is an application only, and does not serve as permission to conduct a filming project or any other use of the park. If your request is approved, a permit containing applicable conditions and regulations will be sent to the person designated on the application. The permit must be signed and returned to the park prior to the event.

Paperwork Reduction Act Statement: This information is being collected to allow the park manager to make a value judgment on whether or not to allow the requested use. All the applicable parts of the form must be completed. A Federal agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

Estimated Burden Statement: Public reporting burden for this form is estimated to average 60 minutes per response including the time it takes to read, gather and maintain data, review instructions and complete the form. Direct comments regarding this burden estimate or any aspects of this form to the National Park Service, Special Park Uses Program Manager, 1849 C Street NW (org. code 2460), Washington, D.C.